·					Application or Docket Number				
	ICATION FEE DET Effective Decembe		ON RECOR	D	9/6	50	263	357	
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL	ENTITY	00	OTHER		
OR	(Column 1) NUMBER FILED	NUMBER E		TYPE	FEE "	OR I I	RATE	FEE	
		THE STATE OF THE STATE OF	200530530	RATE			AND DESCRIPTION OF THE PERSON NAMED IN		
ASIC FEE	the state of the state		Z () S ()		345.00	OR		690.00	
OTAL CLAIMS	/03 minus 20	= 8	3	X\$ 9=		OR	X\$18≃	1497	
DEPENDENT CLAIMS	minus 3	= 1		X39=		OR	X78=	234	
MULTIPLE DEPENDENT CLAIM PRESENT				+130=		OR	+260=		
If the difference in column 1 is less than zero, enter "0" in column 2				TOTAL		OR	TOTAL	24/8	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL I		
REA	LAIMS AAINING FTER NOMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total - / (Independent •	////	103	= O	X\$ 9=		OR	X\$18=	N.	
Independent •	1//	/	·6	X39=		OR	X78=		
FIRST PRESENTATION	ON OF MULTIPLE DEPE	NDENT CLAIM		+130=	a an igus	ÖR	+260=		
•				TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	2	
(Co	lumn 1)	(Column 2)	(Column 3)	AUUH. PEE					
OL A REM	AIMS AAINING FTER NDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total • Independent • •	Minus	103	= 14	X\$ 9=		OR	X\$18=	व्यावः प	
Independent • <	Minus ON OF MULTIPLE DEPE	(<i>O</i>	= 14	X39=	فتدافد سخاخا	OR'	建	1/1/4	
FIRST PRESENTATI	ON OF MULTIPLE DEPE	INDENT CLAIM		+130=		OR	+260=		
1/19/4 00	h 43	(Column 2)	(Column 3)	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	14 28	
C	LUMN 1) LAIMS MAINING FTER NDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total • /	0 /	- 117	=	X\$ 9=	• • •	OR	X\$18=		
Independent •	Minus DERE	··· DO	=	X39=		OR	X78=		
I FIRST PRESENTATI	ON OF MULTIPLE DEPE	NUENI CLAIM						1	
				+130=		OR	+260=	1 ()	